AME	NDMENT T	TRANSMI	TTAL LE	TTER	Docket No. 418268004US
Application No.		Filing Date		Examiner	Art Unit
10/788,677-C	onf. #3591	February 27, 2004		K. L. Evans	3629
olicant(s): Sm					
	NG AND SYST			OLICITED MESSAG	SES USING VARIABL
ransmitted here	with is an ame		above-identif	ied application.	
he fee has beer	n calculated an		d as shown b		
	Claims	Highest	O AO AMEN		
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	15	- 27 =	0	x 52.00	0.00
Independent	3	- 3 =	0	x 220.00	0.00
Claims	<u> </u>	<u> </u>		****	
Claims Multiple Depend	lent Claims (ch	eck if applicabl	e)		
Multiple Depend	e specify):				0.00
Multiple Depend Other fee (pleas	e specify):				0.00
Multiple Depend Other fee (pleas TOTAL ADDIT X Large Entity	e specify):	OR THIS AME	NDMENT:	Small Entity	0.00
Multiple Dependence Other fee (pleas TOTAL ADDIT X Large Entity	e specify):	OR THIS AME	NDMENT:	Small Entity	0.00
Other fee (pleas TOTAL ADDIT X Large Entity X No additiona	e specify): IONAL FEE FO	OR THIS AME	NDMENT:	Small Entity	
Multiple Depend Other fee (pleas TOTAL ADDIT X Large Entity X No additional	IONAL FEE FO	OR THIS AME	NDMENT: ndment.		
Other fee (pleas TOTAL ADDIT X Large Entity X No additional Please chart A check in the	IONAL FEE FO	OR THIS AME	NDMENT: ndment. ir to cover	n the amount of \$	
Other fee (pleas TOTAL ADDIT X Large Entity X No additiona Please char A check in the	IONAL FEE FO al fee is require ge Deposit Aco ne amount of \$ credit card. For	orm PTO-2038	NDMENT: Indment. ir to cover is attached.	n the amount of \$	 osed.
Other fee (pleas TOTAL ADDIT X Large Entity X No additional Please chart A check in the payment by X The Director as described	IONAL FEE FO al fee is require ge Deposit Aco ne amount of \$ credit card. For	orm PTO-2038	NDMENT: Indment. ir to cover is attached.	n the amount of \$ _ the filing fee is enc	 osed.
Multiple Depend Other fee (pleas TOTAL ADDIT X Large Entity X No additional Please chart A check in the payment by X The Director as described X Credit a	IONAL FEE FO al fee is require ge Deposit Acc ne amount of \$ credit card. For is hereby auth d below.	or THIS AME	ndmentito cover is attached. ge and credit	the amount of \$ _ the filing fee is encl Deposit Account No	 osed.
Multiple Depend Other fee (pleas TOTAL ADDIT X Large Entity X No additional Please charge A check in the payment by X The Director as described X Credit at X Charge at A	IONAL FEE FO al fee is require ge Deposit Acone amount of \$ credit card. For is hereby authorished below. In any additional file	or THIS AME	ndmentito cover is attached. ge and credit	the amount of \$ _ the filing fee is encl Deposit Account No fees required under 3	osed. o. <u>50-0665</u>
Multiple Depend Other fee (pleas TOTAL ADDIT X Large Entity X No additional Please charge A check in the Payment by X The Director as described X Credit at X Charge at A cha	IONAL FEE FO al fee is require ge Deposit Acone amount of \$ credit card. For is hereby authorished below. In any additional file	or THIS AME	ndmentito cover is attached. ge and credit	the amount of \$ _ the filing fee is encl Deposit Account No fees required under 3	osed. 50-0665 7 CFR 1.16 and 1.17.
Multiple Dependence Other fee (pleas TOTAL ADDIT X Large Entity X No additional Please charge A check in the payment by X The Director as described X Credit at a charge	IONAL FEE FO al fee is require ge Deposit Acc ne amount of \$ credit card. For is hereby authorished below. ny overpayment any additional fill y Reg. No.: 55,	or THIS AME	ndmentito cover is attached. ge and credit	the amount of \$ _ the filing fee is encl Deposit Account No fees required under 3	osed. 50-0665 7 CFR 1.16 and 1.17.
Multiple Depend Other fee (pleas TOTAL ADDIT X Large Entity X No additional Please charge A check in the payment by X The Director as described X Credit at X Charge at Rajiv P. Sarath Attorney/Agent	IONAL FEE FO al fee is require ge Deposit Acc ne amount of \$ credit card. For is hereby authorished below. ny overpayment any additional fill y Reg. No.: 55,	or THIS AME	ndmentito cover is attached. ge and credit	the amount of \$ _ the filing fee is encl Deposit Account No fees required under 3	osed. 50-0665 7 CFR 1.16 and 1.17.